CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 600	Date: November 20, 2009
	Change Request 6689

Subject: Elimination of National Standard Format (NSF) Code from the VMS System

I. SUMMARY OF CHANGES: The VMS shared system maintainer is directed to eliminate obsolete NSF code from their system

New / Revised Material

Effective Date: April 1, 2010 for analysis and design

July 1, 2010 for design

October 1, 2010 for testing and implementation

Implementation Date: April 5, 2010 for analysis and design

July 6, 2010 for design

October 4, 2010 for testing and implementation

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row*.

R/N/D	Chapter / Section / Subsection / Title
N/A	
N/A	
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to

be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment – One-Time Notification

Pub. 100-20 Transmittal: 600 Date: November 20, 2009 Change Request: 6689

SUBJECT: Elimination of the National Standard Format (NSF) Code From The VMS Shared System.

Effective Date: April 1, 2010 for analysis and design

July 1, 2010 for design

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I. GENERAL INFORMATION

A. **Background:** The VMS shared system maintainer is directed to eliminate obsolete NSF code from their system.

B. **Policy:** CMS requires out of date code to be removed from Medicare shared systems, when appropriate.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R		Shai	ed-		OTH
		/	M	I	A	Н		Syst	em		ER
		В	Е		R	Н	M	aint	aine	rs	
					R	I	F	M	V	C	
		M	M		I		I	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
6689.1	The VMS shared system shall make changes to eliminate								X		
	the NSF obsolete code and streamline the 835/SPR										
	processes.										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each									
		ap	applicable column)								
		A	D	F	C	R		Shai	red-		OTH
		/	M	I	A	Н	System				ER
		В	Е		R	Н	I Maintainers			ers	
					R	I	F	M	V	С	
		M	M		Ι		Ι	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A	D	F	C	R		Shai	red-		OTH
		/	M	I	A	Н		Syst	tem		ER
		В	Е		R	Н	M	aint	aine	ers	
					R	Ι	F	M	V	C	
		M	M		I		Ι	C	M	W	
		A	A		Е		S	S	S	F	
		C	C		R		S				
	None.										

IV. SUPPORTING INFORMATION

Currently the development time is increased when new data elements are added to the remittance advice because the data has to be processed in multiple formats throughout the process. By removing this obsolete code, future development time will be greatly reduced when additional claim data is required to produce a remittance advice.

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref	Recommendations or other supporting information:
Requireme	
nt	
Number	
	None

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

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(410) 786-0374, Emma.Battista@cms.hhs.gov

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.